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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

**Complete if Known**

Application Number	10/023,437
Filing Date	December 17, 2001
First Named Inventor	Stephen A. Johnston et al
Examiner Name	Vanessa L. Ford
Art Unit	1645
Attorney Docket No.	5171-00004

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Acct. No. 01.2000☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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**Multiple Dependent Claims**

_____ - 20 or HP = _____	x	_____	=	_____
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<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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_____ - 3 or HP = _____	x	_____	=	_____
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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_____ - 100 = _____	/ 50 = _____	(round up to a whole number)	x	_____	=	_____
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 54,853

Telephone 414-271-7590

Name (Print/Type)

AARON T. OLEJNICZAK

Date October 27, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Stephen A. Johnston et al

Serial No. 10/023,437

Filing Date: December 17, 2001

Art Unit: 1645

Examiner: Vanessa L. Ford

METHODS AND COMPOSITIONS  
FOR VACCINATION COMPRISING  
NUCLEIC ACID AND/OR  
POLYPEPTIDE SEQUENCES OF  
CHLAMYDIA

CERTIFICATE OF MAILING

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)  
) I hereby certify that this correspondence is  
) being deposited with the United States  
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) envelope addressed to: Mail Stop:  
) Amendment, Commissioner for Patents,  
) P.O. Box 1450, Alexandria, VA 22313-  
) 1450 on the 27<sup>th</sup> day of  
) October, 2006.

)  
)  
) Marlene Kurblik 10-27-06  
) MARLENE KURBLIK Date

AMENDMENT

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated July 28, 2006, and further subsequent to the telephonic interview conducted with Examiners Ford and Minnifield on October 17, 2006, please enter the following in the above identified application:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Summary of the Interview** begins on page 12 of this paper.

**Remarks/Arguments** begin on page 14 of this paper.